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FEE TRANSMITTAL

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT \$890

Complete if Known

Application Number	09/296.662
Filing Date	April 22, 1999
First Named Inventor	Rosen, et al.
Examiner Name	Nolan
Group Art Unit	1644
Attorney Docket Number	20221Y

TECH CENTER 1600/2900
SEP 26 2001

METHOD OF PAYMENT (Check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **13-2755**

Deposit Account Name **Merck & Co., Inc.**

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	Utility filing fee	
106	320	Design filing fee	
108	710	Reissue filing fee	
114	150	Provisional filing fee	
SUBTOTAL(1)			\$0

2. EXTRA CLAIM FEES

	Extra	Fee from below	Fee Paid
Total Claims	20	0	0
Independent Claims	3	0	0
Multiple Dependent Claims		\$270	

***or number previously paid, if greater; For Reissues, see below*

Large Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
103	18	Claims in excess of 20	
102	80	Independent claims in excess of 3	
104	270	Multiple dependent claim, if not paid	
109	80	**Reissue independent claims over original patent	
110	18	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL(2)			\$0

3. ADDITIONAL FEES

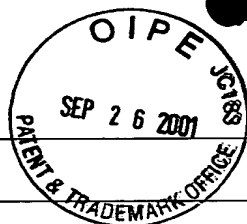
Large Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	
147	2,520	For filing a request for reexamination	
115	110	Extension for reply within first month	
116	390	Extension for reply within second month	
117	890	Extension for reply within third month	890
118	1,390	Extension for reply within fourth month	
128	1,890	Extension for reply within fifth month	
119	310	Notice of Appeal	
120	310	Filing a brief in support of an appeal	
121	270	Request for oral hearing	
140	110	Petition to revive - unavoidable	
141	1,240	Petition to revive - unintentional	
142	1,240	Utility issue fee (or reissue)	
143	440	Design issue fee	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	180	Submission of Information Disclosure Statement	
581	40	Recording each patent assignment per property (times number of properties)	
146	710	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	For each additional invention to be examined (37 CFR 1.129(b))	
179	710	Request for Continued Examination (RCE)	
Other fee (specify) _____			
Other fee (specify) _____			
SUBTOTAL(3)			\$890

SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name	Michael D. Yablonsky			Reg. Number	40,407
Signature				Deposit Account User ID	
Date	09/24/2001				

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OCT 01 2001

TECH CENTER 1600/2900



Application Number: 09/296.662

Filing Date: 04/22/1999

First Named Inventor: Rosen, et al.

Group Art Unit: 1644

Examiner Name: Nolan

Attorney Docket Number: 20221Y

FIRST CLASS MAIL CERTIFICATE

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, D.C. 20231, ON THE DATE APPEARING BELOW.

MERCK & CO., INC.

MAILED BY

Nancy York

DATE

9/24/01



PATENT
CASE NO. 20221Y

TECH CENTER 1600/2900

OCT 01 2001

RECEIVED

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Assistant Commissioner for Patents
Washington, D.C. 20231

In re application of: ROSEN, ET AL.

Serial No. 09/296,662

Filed April 22, 1999

Group Art Unit 1644

Examiner Nolan

For: AUTOANTIGENIC FRAGMENTS, METHODS AND ASSAYS

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☐ The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	* <u>30</u>	-	** <u>29</u> =	<u>1</u> X	\$18	= <u>18.00</u>
Independent Claims	* <u>6</u>	-	*** <u>6</u> =	<u>0</u> X	\$80	= <u>0.00</u>
Multiple Dependent Claims					\$270 ****	= <u> </u>
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						18.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 18.00 to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on the date appearing below.

By Merck & Co., Inc. Date 9/24/01

Respectfully,

By: Michael D. Yablonsky

Attorney for Applicant(s)

Reg. No. 40,407

MERCK & CO., INC.

Patent Dept., RY60-30

P.O. Box 2000

Rahway, N.J. 07065-0907

(732) 594-4678

Date: September 24, 2001

IN DUPLICATE